

1.) CORPORATION NAME: VIRGINIA ORTHOTICS CENTER, INC.	DUE DATE: 8/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VERNON E INGE JR LECLAIRRYAN A PROFESSIONAL CORPORATION 951 E BYRD ST 8TH FL RICHMOND, VA	SCC ID NO: 03258605				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2119-A NORTH HAMILTON STREET CITY/ST/ZIP: RICHMOND, VA 23230	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TARIF I. ZAKI TITLE: PRESIDENT ADDRESS: 8400 HAMPTON CREST CIRCLE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: NASSER I. ZAKI TITLE: S/T ADDRESS: 1925 FAWN LN CITY/ST/ZIP/CO: MOSELEY, VA 23120	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ NASSER I. ZAKI	NASSER I. ZAKI, S/T	9/3/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.